

**City of Troy 50/50 Commercial Building Exterior
Rehabilitation & Stabilization Program
Application for Funding Assistance**

Applicant:

Building Address _____

Applicant Name _____

Applicant Address _____

Telephone _____ Email _____

Is the applicant the owner? _____ Yes _____ No

Owner Name _____

Owner Address _____

Building Information:

Type of Construction: _____ Masonry _____ Frame _____ Other

Number of Floors: _____ Basement: _____ Yes _____ No

Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	_____	Excellent	_____	Good	_____	Fair	_____	Poor	_____	At Risk
Side Wall(s):	_____	Excellent	_____	Good	_____	Fair	_____	Poor	_____	At Risk
Rear Wall:	_____	Excellent	_____	Good	_____	Fair	_____	Poor	_____	At Risk
Roof:	_____	Excellent	_____	Good	_____	Fair	_____	Poor	_____	At Risk
Other:	_____	Excellent	_____	Good	_____	Fair	_____	Poor	_____	At Risk

Occupancy Information:

Building is vacant: _____ Yes _____ No

of commercial units in the building: _____

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: _____

Do the units have a certificate of code compliance? _____ Yes _____ No

Schedule of Work:

Proposed Method of Work: _____ Contract _____ Self-Help _____ Combination

Date work can begin by:

Date work must be completed by:

Do you anticipate a need for architect design services? _____ Yes _____ No

Do you anticipate a need for contractor design services? _____ Yes _____ No

Total Project Cost: _____ Grant Request: _____

Describe any recent improvements you have made to the building, if any:

Provide a brief summary of all proposed activities:

Additional Information:

Are you or any other owner of the property a City of Troy employee? _____ Yes _____ No

Have you ever had a previous grant from the city of Troy? _____ Yes _____ No

If yes, please describe:

Signature _____ Date _____

The City of Troy certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Scope of Work

Building Address: _____

Contact Information: Phone: _____ **Email:** _____

1. Describe Proposed Work:

(Please provide information where applicable for use of funds)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Interior:						
Design / Development Costs						
Interior demolition / Site prep						
Building stabilization						
HVAC systems						
Plumbing systems						
Electrical systems						
Smoke / Heat detection systems						
Sprinkler systems						
Emergency signage / Lighting						
Security systems						
Energy efficient improvements						
Windows / Doors						
Elevators						
Stairwells						
Asbestos						
Mold						
Other						
Exterior:						
Roofing						
Masonry						
Windows / Doors						
Storefront						
Detailing / Restoration						
Painting / Siding						
Handicap Accessibility						
Other						
					Total:	

2. Attachments

- Photographs of building – all sides & roof, if applicable. Detailed photos of problem areas are recommended.
- Estimates of proposed work
- An estimated project schedule
- Evidence of insurance

I, the applicant, hereby agree to perform the work in accordance with the historical technical specifications for maintenances and repair work for properties located in the City of Troy's Local Historic District

Applicant's Signature

Date

EMPLOYMENT PLAN

COMPANY NAME:

ADDRESS:

CONTACT PERSON:

TELEPHONE NO:

TYPE OF BUSINESS:

LOAN SIGNATORY:

Current Jobs Full-Time By Occupation			Projection of New Permanent Full-Time Jobs			
Permanent Occupations In Company	Base Annual Salary or Hourly Wage	Number of Employees (1)	1 st Year (2)	2 nd Year (3)	3 rd Year (4)	Total New Jobs (5)
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
Total:						

The employees of our firm are not ☐ are ☐ currently covered by a collective bargaining agreement with (name of International union and Local union number): _____

Union Contract Person (address/phone number): _____

Contract expiration date: _____ Number of employees covered: _____

Prepared by: _____

Title: _____

Signature: _____ Date: _____

Please list the names and addresses of current employees who reside in Troy, NY.

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Company Summary

Company Name: _____

Project Address: _____

Owner Name: _____

Owner Address: _____

Telephone () _____ Email _____

Provide a detailed description of your company and its projected activities:

Provide a list of the products and/or services you will provide:

1. _____
2. _____
3. _____
4. _____
5. _____

Provide a detailed description of your relevant experience, or the relevant experience of other company principals, in owning or managing a business (use additional sheets if necessary):

Describe your strategy for marketing the business:

Start-up Summary:

Start-up Expenses	
Equipment	
Inventory	
Rent & Security Deposit	
Legal & Accounting	
Insurance	
Utilities	
Renovations	
Other	
Total Start-up Expenses:	\$

Funding / Investment	
Source	\$ Amount
Total Investment:	\$

Current Liabilities	
Accounts Payable	
Current Borrowing	
Other Current Liabilities	
Total Liability	\$

Three-Year Pro-Forma Statement

Income	Year 1	Year 2	Year 3
Sales Revenue			
Rents			
Miscellaneous			
Total			\$

Expense	Year 1	Year 2	Year 3
Rents/Mortgage			
Revolving Credit			
Taxes			
Insurance			
Payroll			
Utilities			
Legal/Accounting			
Inventory/Supplies			
Bank Loans			
Other			

Signature: _____ Date: _____